

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/677,483 Confirmation No.: 4581
Applicants : Randall S. HICKLE
Filed : October 3, 2003
Title : METHODS AND SYSTEMS FOR PROVIDING ORTHOGONALLY
: REDUNDANT MONITORING IN A SEDATION AND ANALGESIA
: SYSTEM
TC/A.U. : 3767
Examiner : Catherine Witczak
Docket No. : 82021-0045
Customer No. : **24633**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith for filing is an Amendment in response to the Office Action mailed October 10, 2007, in the above-identified application.

- Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

| Total Months <u>Requested</u> | Fee for <u>Extension</u> | Fee for <u>Small Entity</u> |
|--------------------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> one month | \$ 120.00 | \$ 60.00 |
| <input type="checkbox"/> two month | \$ 460.00 | \$ 230.00 |
| <input type="checkbox"/> three month | \$ 1050.00 | \$ 525.00 |
| <input type="checkbox"/> four month | \$ 1640.00 | \$ 820.00 |
| <input type="checkbox"/> five month | \$ 2230.00 | \$ 1115.00 |

Extension of time fee due with this request: **\$ 0.00**

If an additional extension of time is required, please consider this a Petition therefore.

U.S. Application No. 10/677,483
Amendment Transmittal

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDT. FEE |
|-------------------|---|-------|---------------------------------------|------------------|-------------|----------------------|
| TOTAL | 17 | MINUS | 20 | = 0 | x 50/25 = | \$ 0.00 |
| INDEP. | 3 | MINUS | 5 | = 0 | x 210/105 = | \$ 0.00 |
| Extension of Time | | | | | | \$ 0.00 |
| | | | | | | TOTAL \$ 0.00 |

- No additional fee is required.
- A check in the amount of \$ 0.00 is attached.
- Please charge my Deposit Account No. 50-1349 the amount of \$0.00.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.
- Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

Dated: November 13, 2007

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